NDIS Consent to Share Information

For sharing a participant's information with another person or organisation

About this template. This form is provided by Clio Care as a free resource. It is structured to align with the NDIS Practice Standards and the Privacy Act 1988, but you remain responsible for confirming it is fit for your specific situation. For complex matters (formal nominees, court-appointed guardians, contested consent), seek legal advice or contact the NDIS Quality and Safeguards Commission.

I, the person named below (or my authorised representative), give my consent for the worker named below to share specified information about me with the third party named in this form, for the purposes I have agreed to.

1. Worker / provider details

Worker name

ABN (if applicable)

Phone

Email

2. Participant details

Full name

Date of birth

NDIS participant number

Phone

Address

3. Authorised representative (if applicable)

Complete this section only if the participant does not have capacity to give consent and you are signing on their behalf as a guardian, formal nominee, or person responsible.

Representative name

Relationship to participant

Authority basis (e.g. guardianship order, NDIS plan nominee, parent of minor)

4. Who I give consent to share with

Third party name

Organisation

Their role / relationship to me

Contact email or phone

5. What information I agree to share

Tick only the information you agree to share. Untick boxes mean that information stays private.

- ■ My NDIS plan and funding details
- ■ Progress notes / case notes about my supports
- ■ Support schedule and shift records
- ■ Invoicing and payment information
- ■ Health, medical, or allied health information
- ■ Behaviour support plan or restrictive practice information
- ■ Incident reports
- ■ Goals and outcomes records
- ■ Other (specify below)

Other (specify)

_____

6. Why I am sharing this information

Specific purpose (e.g. coordinating supports with my plan manager)

_____

7. How long this consent applies

- ■ For a single sharing event on _____ (date)
- ■ Until _____ (specific end date)
- ■ Until I withdraw consent in writing

8. My right to withdraw consent

I understand that: I can withdraw this consent at any time, by telling the worker named above in writing (email or letter). My supports will not be affected if I withdraw consent. Withdrawal does not affect any information shared before the withdrawal date.

9. My declaration

I confirm that: I have read and understood this form (or it has been read and explained to me); I am giving consent freely, without pressure; I understand what information will be shared and why; I know I can withdraw consent at any time; and my supports will continue regardless of my decision.

Participant (or representative)	**Worker**
Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Witness (optional but recommended)

Name: _____ Signature: _____
Date: _____

Legal references: Privacy Act 1988 (Cth) and the Australian Privacy Principles; NDIS Act 2013 (Cth); NDIS Practice Standards — Core Module: Rights and Responsibilities; NDIS Code of Conduct.

Withdrawal of consent: The participant or their representative may withdraw this consent at any time, in writing, by contacting the worker named on this form. Withdrawal does not affect any information shared before the withdrawal date.
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Clio Care is documentation software for independent NDIS support workers. Notes, shifts, invoices and participant records in one place.